## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Mailing address (P.O. Box or number, street, and room or suite number)  P.O.Box & 3 8  City or town, state, and ZIP code  CCESBARG, M. ZO178  Is -mail address of organization  Is Name of custodian of records  STEVE S. IMPSON  Is Name of contact person  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  City or town, state, and ZIP code  CITY or town, state, and ZIP code  CITY or town, State, and ZIP code  CITY OF TOWN, STATE, and CITY OF TOWN OF	partment of the Treatury email Revenue Service			
Mailing address (P.O. Box or number, street, and room or suite number)  P.O. Box 8 3 8  City or town, state, and ZIP code  Let's SAMC / M 20178  E-mail address of organization  a Name of custodian of records  STEVE SIMPS / M 20178  GENDA SIMPS / SAMC / M 20178  Business address of organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and ZIP code  OCTUP Purpose  Describe the purpose of the organization (if different from mailing address shown above), Number, street, and room or suite number SAMC / City or town, state, and zip or town, and zip or		on		-
City or town, state, and ZIP code  LCESBNG, MA  E-mail address of organization  a Name of custodism of records  STEVES SIMPSON  GENOA SIMPSON  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  City or town, state, and ZIP code  art III Purpose  Describe the purpose of the organization  POLITICAL RES-ELECTION CAMPATEN FUND  REGEIVED  AUG 0 8 2000  REGEIVED  AUG 0 8 2000  REGEIVED	Name of organization	pro Come (	$\bigcap O_{r-1}$	Employer identification number
City or town, state, and ZIP code  LCES BARG - A 20178  E-mail address of organization  a Name of custodian of records  STEVE SIMPSON  GENDA SIMPSON  SAMS  SONALS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  CRY OR AN AND SONAL SAMS  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  CRY OR OWN, state, and ZIP code  STEUP Purpose  Describe the purpose of the organization  OLITICAL RES-ELECTION CAMPATEN FUND  REGEIVED  AUG 0 8 2000  REGEIVED  AUG 0 8 2000  AUG 0 8 2000  AUG 0 8 2000  SAMS  REGEIVED	Mailing address (P.O. Box or n	wher, street, and room or suite	number 30~	15411718463
City or town, state, and ZIP code  CESCRACG VA 20178  E-mail address of organization  In Name of custodian of records  STEVE S.I. M.P.S.M.  GENOA SIMPSM Shows Shown above). Number, street, and room or suite number SAMS  City or town, state, and ZIP code  CITY or town, state, and ZIP code  CITY TOWN, SEE, CITY OF SAMS  CAMPATER  CITY OF AIR Related Entities (see instructions)  In Name of related entity  By Relationship  Received	POBOX 83		namoay	
a Name of custodian of records  STEVE SIMPSON  GENDA SIMPSON  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  Cty or town, state, and ZIP code  art III Purpose  Describe the purpose of the organization  POLITICAL CELECTION CAMPATEN FUND  AUG 0 2 2000 S  AUG 0	City or town, state, and ZIP co	de		
A Name of custodism of records  STEVE SIMPSON  GRANDS SIMPSON  A Name of contact person  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  SAMS  City or town, state, and ZIP code  CITY Purpose  Describe the purpose of the organization  POLITICAT. (CE-ELECTION CAMPATED FUND  RECEIVED  AUG 0 2 2000 (S)  AUG 0 2 2000 (S)	LEESBIRG, U	7 20178	.1	
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9a Name	9b Title	npensated Employees (see instructions) 9c Address
	SECRETMEY	P.O.Box 838
GLENDA P. SIMPS ON	TREASMOR	P.O.Box 838 LEESBURG, UA Z0178
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here Signature of Authorized orbeial

) 07/31/2000 Date